

**A Review of Experiences in Integrating
An Expanded HIV/AIDS Response to the
Debt Relief Process in Africa: 1999-2000**

By Paul S. Zeitz

A discussion paper presented at
the UNAIDS Workshop on the Role of Debt Relief
in Financing National HIV/AIDS Programs

Lilongwe, Malawi
November 2000

This report was written, edited and produced by The Synergy Project of TvT Associates, Inc., for the HIV-AIDS Division of the U.S. Agency for International Development (USAID).

The opinions expressed herein are those of the authors and do not necessarily reflect the views of TvT or USAID.

Information about this and other publications may be obtained from:



1101 Vermont Ave. NW
Suite 900
Washington, DC 20005
(202) 842-2939 phone
(202) 842-7646 fax
E-mail: synergy@tvassociates.com
www.synergyaids.com



A Review of Experiences in Integrating An Expanded HIV/AIDS Response to the Debt Relief Process in Africa: 1999-2000

By Paul S. Zeitz

This assignment is being performed through the Synergy Project,
Contract Number HRN-C-00-99-00005-00 of the USAID Global Bureau HIV/AIDS Division
as a background document for the November 2000 UNAIDS Debt-for-AIDS conference, Lilongwe, Malawi.

November 2000

EXECUTIVE SUMMARY

Stakeholders are mobilizing in a number of African countries to define and implement a proactive process for mainstreaming HIV/AIDS issues into national development instruments.

Thirty-three African countries are currently eligible for debt relief under the Enhanced Heavily Indebted Poor Country (HIPC) Initiative of the World Bank and the IMF. While nine countries are approved for HIPC, only seven countries include HIV/AIDS programs as a priority poverty reduction strategy. Of the seven approved HIPC countries, four countries identified specific AIDS-related performance criteria, and the three remaining countries emphasized the establishment of national coordination mechanisms. Only one country prioritized action to address the orphan's crisis. In each of these cases, governments are likely to increase their own investment in the HIV/AIDS response from approximately \$1 million to \$30 million per year, thus demonstrating political action by African leaders.

A synthesis of lessons learned from early initiatives to develop implementation models may be used as a general, potentially adaptable, template. First, a high HIV prevalence model based on experience in Uganda, which channels debt relief resources to the decentralized district multisectoral response and an explicit orphans response. Second, a low HIV prevalence model based on experience in Cameroon, which channels debt relief resources to interventions among the high-transmitting groups.

Early, continuous, and aggressive involvement of local government and civil society stakeholders is required to ensure that HIV/AIDS issues are appropriately considered in debt relief negotiations. At this stage of the epidemic, HIPC policy conditions should focus on performance outcomes. As HIV is spreading exponentially in nearly all countries participating in the Enhanced HIPC, and as ten additional countries fueling the epidemic are not currently eligible for debt relief, a more aggressive and expanded debt relief mechanism is required to substantially contribute to reversing the tide of the epidemic.

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
GDP	Gross Domestic Product
HIPC	Heavily Indebted Poor Country Initiative
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
IPRSP	Interim Poverty Reduction Strategy Paper
MTEF	Medium Term Expenditure Framework
OVC	Orphaned and Vulnerable Children
PAF	Poverty Action Fund-Uganda
PRAF	Poverty Reduction Action Funds
PRSP	Poverty Reduction Strategy Paper
UN	United Nations
USD	United States Dollar
WB	World Bank

ACKNOWLEDGEMENTS

The author acknowledges the technical review and comments from HIV/AIDS Division, USAID Global Bureau. In addition, the thoughtful comments and review by country colleagues in Malawi, Mozambique, Tanzania, Uganda and Zambia are greatly appreciated.

I. Context

A. Overview of the Debt Crisis in Africa and its Impact on the HIV/AIDS Response

The HIV/AIDS pandemic in Africa is having a drastic human, economic, and demographic impact on the continent. More than 23 million Africans are currently infected with HIV, and nearly 14 million Africans have already died of AIDS. 5,500 deaths and 11,000 infections occur each day. By 2010, projected life expectancy in the heavily affected countries of Southern Africa will drop to 29 years. Despite efforts to reduce transmission, the HIV virus is continuing to spread exponentially throughout the continent, with the exception of Uganda and Senegal. A secondary pandemic of orphans and vulnerable children caused by AIDS is exploding regionally. There are an estimated 10 million orphans on the continent, with 40 million orphans projected by 2010.

Experts agree that Africa is particularly hard hit by HIV/AIDS because of high levels of poverty, weak health systems, high levels of sexually-transmitted infections, and a delayed response by many key stakeholders when AIDS was first identified in the 1980s. Over the past two years—as more people became aware of the devastating impact of AIDS—a second wave of awareness is bolstering momentum for action. Grassroots organizations, national governments, the private sector, and the international community are implementing new initiatives to turn the tide against AIDS. In January 2000, The UN Security Council declared HIV/AIDS a global security crisis, thus emphasizing the need for immediate and urgent action.

Although a growing number of clinical and behavioral interventions are demonstrating the potential to reduce the transmission of HIV, and improve care and support for the infected, the availability of resources to implement these interventions lags far behind the needs of the hardest hit countries. UNAIDS estimates that \$3 billion USD per year is needed to expand prevention, care and support, and impact mitigation interventions in Africa. A key factor that makes it more difficult for African governments to invest in HIV/AIDS programs is the external debt burden. African countries currently carry a combined external debt of \$227 billion. Annual debt service obligations on the principal and interest amounts to \$14.5 billion per year, equivalent to 5% of the region's GDP and 15% of export earnings. Sub-Saharan African countries are thus required to allocate scarce foreign exchange to debt servicing, further limiting their ability to implement effective national responses to social sector priorities, including HIV/AIDS.

B. Overview of the Enhanced HIPC Initiative

The Heavily Indebted Poor Country Initiative (HIPC) was first launched in 1996. It was the first multilateral approach to reduce the external debt of the world's poorest, most heavily indebted countries. The principal objective of the Debt Initiative for the heavily indebted poor countries (HIPC) is to bring a country's debt burden to sustainable levels, subject to satisfactory policy performance, in order to ensure that adjustment and reform efforts are not put at risk by continued high debt and debt service burdens.

Uganda was the only country in sub-Saharan Africa that benefited from the original HIPC debt relief mechanism. A major review in 1999, called the Cologne Initiative, has resulted in a significant enhancement of the original framework, and has produced the HIPC Initiative, which is "deeper, broader and faster." Now, thirty-three countries throughout Africa are participating in the Enhanced HIPC Initiative. Of these, nine countries have been approved for HIPC debt relief. An additional nine countries are under active preparation for participation in HIPC. Approved countries can expect up to a two-thirds reduction in debt stock over the next several years. The Enhanced HIPC requires that the projected budgetary savings from debt relief are spent on poverty reduction programs.

As part of the 1999 Cologne Initiative, countries are conditionally required to develop "country-owned and comprehensive" Poverty Reduction Strategy Papers (PRSPs) that determine priorities for IMF and World Bank concessional lending, and guide the use of resources that are freed up into the government budget by debt relief under the Enhanced HIPC Initiative. As the international financial institutions (IFIs) are under increasing pressure to accelerate debt relief negotiations, there is a simultaneous effort to encourage countries to rapidly develop PRSPs. As this is envisioned as a longterm participatory process, many countries are developing "Interim" PRSPs (iPRSPs) as a requirement for participating in the Enhanced HIPC Initiative.

As part of the HIPC negotiations, countries are given eligibility requirements. Once it is determined that a country is eligible to participate, then the World Bank and IMF develop a "preliminary document" which defines policy priorities and a timeframe for debt relief. Once the policy priorities are completed, the countries reach the HIPC Decision Point. Interim and partial debt relief is available to countries when they reach the Decision Point. The Decision Point document details a set of policy priorities that must be implemented for countries to reach the HIPC Completion Point. Once approved, the HIPC Completion Point implements irrevocable debt relief to a sustainable level, which for most African countries will eventually represent a two-thirds reduction in the overall debt stock. The timeframe

between Decision Point and Completion Point is estimated to be anywhere from six months to three years, with most countries expected to reach Completion Point by eighteen months.

Among the many legitimate claimants on the funds potentially saved through HIPC debt relief (Table 1), HIV/AIDS response programs should be prioritized because improving the delivery of available HIV/AIDS interventions can yield tangible and measurable results within a limited timeframe.

Table 1:
Estimated Average Annual Debt Service Savings
Under the Enhanced HIPC Initiative, 2000/2001

	HIPC Decision Point	Estimated Average Annual Debt Service Savings 2000/1 \$USD (millions)
Benin	July 2000	24
Burkina Faso	June 2000	35
Mali	Sept. 2000	49
Mauritania	Feb. 2000	38
Mozambique	April 2000	120
Senegal	June 2000	51
Tanzania	March 2000	96
Uganda	Feb. 2000	99
Total HIPC II		512
		Range: 24-120 Average: 64 Median: 50

Source: US Department of Treasury, October 2000

Many countries that have large debt burdens (multilateral and bilateral) as well as a significant HIV burden or risk are not currently eligible or participating for debt relief under the Enhanced HIPC Initiative (Table 2).

Table 2:
Sub-Saharan African Countries Not Eligible/Participating
in Debt Relief under the Enhanced HIPC Initiative

Country	Status	Total Debt Stock to Multilateral Creditors, 1999 (US\$ million)	Total Debt Stock to Bilateral Creditors, 1999 (US\$ million)	HIV Adult Prevalence (%)
Angola	Not eligible: sustainable debt	304	855	2.8
Botswana	Not eligible	206	171	35.8
Burundi	Conflict	813	78	11.3
CAR	Conflict	559	15	13.8
DROC	Conflict	2357	3042	5.1
Eritrea	Not eligible	73	14	2.9
Ethiopia	Conflict	2675	325	10.6
Gabon	Not eligible	555	1513	4.2
Ghana	Voluntarily not participating	3715	1277	3.6
Kenya	Not eligible: sustainable debt	2690	1834	14.0
Lesotho	Not eligible	429	62	23.6
Liberia	Conflict	Not available	Not available	2.8
Nigeria	Not eligible	3531	8615	5.1
Sierra Leone	Conflict	Not available	Not available	3.0
Somalia	Conflict	649	355	No data
South Africa	Not eligible	98	553	19.9
Swaziland	Not eligible	128	72	25.6
Zimbabwe	Not eligible	1551	860	25.1

Source: OECD, World Bank, UNAIDS

C. Opportunities to Mainstream HIV/AIDS into Development Instruments

In HIPC countries interested in expanding their HIV responses, stakeholders are mobilizing to define and implement mainstreaming or incorporation of HIV/AIDS response in the overall development agenda through the development instruments listed in Table 3.

One objective of mainstreaming HIV/AIDS is to increase resources and commitment for HIV programs possibly through debt relief.

Table 3:
Mainstreaming HIV/AIDS into Development Instruments

• Mainstreaming HIV/AIDS Response into Poverty Reduction Strategy Papers
• Mainstreaming HIV/AIDS Response into Multilateral Debt Relief Negotiations under the Enhanced HIPC Program
• Mainstreaming HIV/AIDS Response into Bilateral Debt Relief Mechanisms
• Mainstreaming HIV/AIDS Response into Medium Term Expenditure Frameworks
• Establishing Resources Transfer Mechanisms for supporting the decentralized implementation of HIV/AIDS Response programs
• Establishing Accountability Schemes

First, African countries are actively developing PRSPs or iPRSPs. Among those countries choosing to incorporate HIV issues, it is crucial that these papers reflect the central character of HIV/AIDS in deepening poverty, and contain specific commitments to medium-term outcome goals and short-term performance targets in the fight against HIV/AIDS.

Secondly, it is critical that African governments complete National HIV/AIDS Strategic Plans and link these plans to the PRSP/iPRSP process. In heavily affected countries, these plans should explicitly define the roles and responsibilities of the national coordinating body, and the roles of the key sectoral responses. These plans should state goals, performance targets, prioritized actions, and budgets needed. HIV/AIDS will only be credible as a central issue in PRSPs if there is a coherent National HIV/AIDS Strategic Plan that defines the links between proposed actions, resources required, and expected results. Draft plans should be reviewed and approved by civil society, the private sector, and other key stakeholders. Whenever possible, the indicators from the monitoring and evaluation framework of the National HIV/AIDS Strategic Plan should be built into the PRSP and HIPC negotiations.

Thirdly, debt relief programs, which include HIV/AIDS issues especially under the Enhanced HIPC Initiative, should contain major commitments to the HIV/AIDS performance targets contained in the PRSPs and National HIV/AIDS Strategic Plans. Efforts to mobilize resources through bilateral debt relief mechanisms should also be pursued.

Government budgets in the Africa region include a Medium Term Expenditure Framework (MTEF) to project and monitor actual expenditures. By observing government expenditures through the MTEF, stakeholders can monitor government priorities. The

fourth priority focuses on fully integrating HIV/AIDS response into Medium Term Expenditure Frameworks (MTEF). In high HIV prevalence countries that are implementing a multisectoral response, the MTEF should account for all HIV/AIDS expenditures, including resources expended by the national HIV/AIDS coordinating units, sectoral ministries' plans (e.g. health, education, agriculture, social welfare, military etc.), district response initiatives, and resources transferred to NGOs. In low HIV prevalence countries, the MTEF should include a separate line item within at least the Ministries of health and education.

The fifth priority is to establish a resource transfer mechanism that ensures the optimal use of the budgetary savings from debt relief by decentralized implementers in the public sector, NGOs, and the private sector. Some countries are establishing Poverty Reduction Action Funds (PRAFs). PRAFs, such as the Uganda Poverty Action Fund, can channel resources directly to decentralized implementers, bypassing central bureaucracies.

As more resources are being mobilized through debt relief mechanisms, and from other grant and loan sources, there is an increasing standard of accountability that will be expected. Therefore, the sixth priority of mainstreaming HIV/AIDS is the development of accountability mechanisms. Government anti-corruption interventions remain the mainstay of donor-sponsored and/or donor-conditioned responses. Furthermore, in order to achieve poverty reduction objectives that are defined in the PRSP and HIPC negotiations, some countries are establishing civil society accountability mechanisms to monitor the use of funds at the decentralized levels of service delivery.

II. Review of 1999/2000 Experience in Sub-Saharan Africa

To determine if and how country-level stakeholders have mainstreamed HIV/AIDS response, a review of documents and key-informant interviews were conducted. Detailed country profiles for Cameroon, Malawi, Mozambique, Tanzania, Uganda, and Zambia, are found in Annex 1. This section reviews national progress for each of the components of the Poverty-Debt-AIDS Agenda.

A. HIV/AIDS into Poverty Reduction Strategy Papers

Countries throughout the Africa Region are rapidly developing Interim Poverty Reduction Strategy Papers (iPRSPs). While most countries are expected to complete PRSPs by the end of 2001, only Uganda has submitted and received approval for a full PRSP from the Executive Directors of the World Bank and the IMF.

Table 4 reviews the HIV/AIDS priorities that were included in IPRSPs and PRSPs by national stakeholders and approved by the IMF and World Bank. It is noteworthy that nearly all countries are recognizing and prioritizing HIV/AIDS interventions as a component of poverty reduction programs. However, only a few countries are ensuring that there is an explicit and strategic linkage between the National HIV/AIDS Strategic Plans and the HIV/AIDS content and performance targets of the PRSPs.

In low HIV prevalence countries of West Africa, such as Burkina Faso and Cameroon, a strong focus is placed on delivering HIV prevention interventions in high-transmitting priority groups. Countries in Eastern and Southern Africa generally included both prevention, and care and support, as key priorities. Several heavily affected HIV/AIDS countries limited the HIV/AIDS response to a health sector response. Mozambique included income-generation activities as a multisectoral component of the health sector response. Despite Zambia's high HIV prevalence of at least 20% among adults, its iPRSP does not include HIV/AIDS as a policy priority.

Malawi and Uganda addressed HIV/AIDS with a multisectoral response and included specific interventions to address the OVC Crisis. The Uganda PRSP mainstreamed HIV/AIDS into each of the four PRSP objectives.

The iPRSP/PRSP's from Cameroon, Mozambique, Tanzania, and Uganda, included specific and measurable performance targets for HIV/AIDS interventions. No iPRSP/PRSP included performance targets for OVC programs. The iPRSP/PRSP's from Mozambique

and Uganda specified commitments for increased investment in HIV/AIDS programs. The Uganda PRSP specified commitment for increased investments in OVC programs.

Table 4:
HIV/AIDS Priorities in Poverty Reduction Strategy Papers (PRSPs)

Country	Date	Linked to National AIDS Strategic Plan	HIV Prevention	AIDS Care & Support	Multi- sectoral Response	Orphans Response	Other
Benin	iPRSP-June 2000	Proposed	-	-	-	-	Develop National Strategy
Burkina Faso	iPRSP-May 2000	Partial	X	X	-	-	High Risk Groups Prioritized
Cameroon	iPRSP-Oct 2000	Yes	X	-	-	-	High Risk Groups Prioritized
Ghana	iPRSP-June 2000	No	-	-	-	-	
Kenya	iPRSP	No	X	-	-	X	
Mali	iPRSP-July 2000	No	X	-	-	-	
Malawi	iPRSP	Yes	X	X	X	X	
Mozambique	iPRSP	Yes	X	x	X	-	
Senegal	iPRSP-May 2000	No	-	-	-	-	Strengthen AIDS Program
Tanzania	iPRSP-April 2000 PRSP-Sept 2000	No	X	-	-	-	
Uganda	PRSP-May 2000	Yes	X	X	X	X	Supra-sectoral priority
Zambia	iPRSP-July 2000	No	-	-	-	-	

B. HIV/AIDS in HIPC Agreements

The IMF and the World Bank are actively advancing debt relief negotiations in 33 countries in Africa. This review of progress is based on published HIPC documents, including preliminary documents, Decision Point Documents, and Completion Point documents.

The policy priorities identified in the HIPC documents are critical for defining which reforms/programs will most likely be funded by governments using the possible budgetary savings from debt relief. Based on experience to date, the HIPC programs in Cameroon and Tanzania are explicitly linked to intervention-based performance milestones. The priorities identified in HIPC documents for Mozambique, Uganda, and Zambia are focused on establishing coordinating mechanisms and strengthening the institutional response.

Since the HIV/AIDS priorities identified in the HIPC documents do serve as conditions for debt relief, it is critical to assess their potential impact on the HIV/AIDS response. Only two of the nine HIPC countries included performance-based targets that were extrapolated directly from National HIV/AIDS Strategic Frameworks. When performance-based targets were used, they were consistent with those recommended by UNAIDS indicator guidelines for National programs. Thus, these conditions should reinforce priorities already agreed upon by local stakeholders.

The more general conditions, which focus on process targets, are more appropriate for countries that do not have an effective institutional response at this time. While these conditions are potentially more risky, as they might be encouraging countries to respond institutionally in ways that are not agreed upon, it seems appropriate at this point in the history of the HIV/AIDS epidemic for stakeholders to encourage all governments to mount a country-designed institutional response. These countries should also be encouraged to rapidly identify performance-based indicator targets (based on the UNAIDS indicator guidelines for national programs) for which they will be held accountable.

Table 5:
HIV/AIDS Priorities in the HIPC Debt Relief Documents

Country	Date	Intervention	Performance Targets or Policy/Reforms	Consistent with UNAIDS Global Indicators
Cameroon	Preliminary Document May 2000 and Decision Point Document October 2000	Prevention IEC/td	<ul style="list-style-type: none"> Before 2003 the government will support intensified and expanded activities to prevent the spread of HIV, with education to promote the use of condoms by truck drivers, port workers and soldiers to 50 percent and by commercial sex workers to 70 percent. Decision Point Document, October 2000: Concrete progress in order to prioritize the fight against HIV/AIDS in the government's overall development agenda. 	Yes
Guinea	Prel Doc Dec 1999		None	N/a
Malawi	Preliminary Document July 2000	Prevention Care	Implement behavior change interventions to slow the growth of the HIV infection. Undertake information, education, and communication (IEC) interventions focusing on abstinence, partner limitation and condom use. Improve the quality of care of AIDS patients. Provide improved care for AIDS orphans. HIPC Decision Document is likely to have five HIV/AIDS actions as part of the floating completion point conditions, related to blood screening kits availability, behavior change communications, condom access, STI treatment, and strengthening of the National AIDS Secretariat.	Yes
Mauritania	Decision Point Jan 2000		Maintain the HIV Prevalence Rate at the level of 1998 (less than 1.2% HIV positive among blood donors)	No
Mozambique	Decision Point March 2000		Implementation of the National Multisectoral Strategic Plan on HIV/AIDS	No
Rwanda	Preliminary Document July 2000		None	N/a
Tanzania	Decision Point March 2000		Implementation of the national spearhead campaign against HIV/AIDS, including completion of visits to 75% of all districts	No
Uganda	2 nd Decision Point Jan 2000	Prevention Care	Establishment of functional coordination mechanisms at the center and district levels for the multisectoral response to the HIV/AIDS epidemic	No
Zambia	Preliminary Document July 2000		Adoption and implementation of a strategic framework for AIDS/HIV	No

B. Bilateral Debt Relief Mechanisms

Reduction in the amount of debt held by bilateral creditors is negotiated as part of the overall Enhanced HIPC negotiations. As the global debt relief movement has gained momentum, many bilateral creditors are accelerating efforts to implement complete forgiveness of debt in many countries.

Of the G8 countries, the Government of Japan (GoJ) has among the largest level of remaining bilateral debt. The GoJ has a mechanism called the “Debt-Relief Grant Mechanism” that offers a significant opportunity to mobilize resources for AIDS and OVC interventions. Countries that are paying bilateral debt servicing obligations to Japan receive an equivalent amount of the money paid back in the form of a grant to the country. In May 2000, the Embassy of Japan for Malawi and Zambia proposed to those respective governments that up to 50% of the Debt Relief Grant Mechanism resources could be used for HIV/AIDS. Primarily, these resources can be used for procurement of commodities, including drugs, equipment, and printed materials. Negotiations still need to be pursued at the country-level.

Table 6:
Bilateral Debt to the Government of Japan

Country	Debt Owed to Japan US\$ millions
Angola	37
Benin	34
Cameroon	20
Central African Republic	5
DROC	451
Cote D'Ivoire	129
Ethiopia	16
Ghana	957
Guinea	119
Kenya	1077
Liberia	53
Madagascar	188
Malawi	287
Mali	79
Mauritania	82
Mozambique	57
Niger	26
Nigeria	2443
Rwanda	12
Senegal	109
Sierra Leone	20
Somalia	59
Tanzania	663
Togo	82
Uganda	57
Zambia	564
Zimbabwe	94

C. Mainstreaming HIV/AIDS into Medium Term Expenditure Frameworks

As of June 2000, none of the high HIV prevalence countries implementing a multisectoral response had a MTEF with separate line-item(s) for implementing a multisectoral HIV/AIDS response or an orphans response. While these countries do report on HIV/AIDS

expenditures as part of the health sector budgets, they are generally reporting on external donor assistance provided for HIV/AIDS rather than accounting for domestic expenditures.

Monitoring government budget expenditures to support a multisectoral HIV/AIDS response and an orphans response would require that specific line items be established, such as:

1. Expenditures for the National HIV/AIDS Coordinating Mechanism;
2. Expenditures for key sectoral Ministries (eg Health, Education, Agriculture, Community Development/Social Welfare, the Military);
3. Expenditures for decentralized implementation;
4. Expenditures to NGOs;
5. Expenditures for HIV/AIDS commodities, equipment and printed materials.

No government MTEF in the region currently includes sufficient items to monitor multi-sectoral HIV/AIDS-related expenditures. Countries may consider adapting the National Health Account methodology being used in the health sector for monitoring multisectoral HIV/AIDS related-expenditures. HIV/AIDS multisectoral expenditures should also be monitored explicitly as part of public expenditure reviews.

D. Resources Transfer Mechanisms for supporting the decentralized implementation of HIV/AIDS programs

Once the budgetary savings from debt relief are generated, local stakeholders have different options on how that money should be spent and transferred to expand the implementation of HIV/AIDS response programs.

Some countries, such as Cameroon, Mozambique, and Tanzania, are electing to retain the possible budgetary savings from debt relief as an integrated component of the government's recurrent budget. These recurrent budget expenditures are generally focused on strengthening the HIV/AIDS response within the health sector, rather than providing resources to other key sectors. Stakeholders are more supportive of this approach in countries where there is a high level of fiscal accountability within government systems.

Alternatively, some governments have designed or are considering the development of a national "Poverty Reduction Action Fund" (PRAFs). While the PRAFs are usually designed as a component of the overall government budget, they can be established to specifically ensure that resources are provided to decentralized implementation units at the district and sub-district levels. In addition, PRAFs can be developed so that they are can provide

resources directly to NGOs and private sector partners. It is also important to consider ways to ensure that resource transfer mechanisms are designed to reinforce and support political decentralization programs, rather than to establish parallel financing mechanisms.

One of the most sophisticated models in Africa is the Uganda Poverty Action Fund (PAF) which is explicitly designed to have resources flow directly to district and sub-district administrative units, bypassing central bureaucratic institutions. Finally, countries should consider the use of participatory methodologies in the PRAF design and implementation. The full participation of civil society and donors can nurture a sense of partnership on goals and objectives, and can serve to increase confidence that the funds will be used appropriately.

Some countries have established Social Investment or Social Action Funds using World Bank IDA loans. Historically, these funds have provided resources directly to decentralized communities for infrastructure development such as the construction of primary schools and primary health centers. It may be possible to adapt these mechanisms to transfer the budgetary savings from debt relief and to cover recurrent HIV/AIDS program costs.

The effectiveness and reliability of a resource transfer mechanism can directly influence the ability of government to attract additional resources to develop the AIDS response from other grant or loan sources. For example, the Uganda Poverty Action Fund now combines the budgetary saving from HIPC debt relief, bilateral balance-of-payment support, and World Bank IDA loan resources. Table 6 summarizes the current status of resource transfer mechanisms in the region.

Table 7:
Resource Transfer Mechanisms for Scaling-up HIV/AIDS Programs
from Potential Resources from Debt Relief

Country	Resources Transfer Mechanism(s)/Source	Manager of Funds	Implementing Group(s)
Cameroon	<ul style="list-style-type: none"> World Bank IDA Credit under negotiation for HIV/AIDS may establish a Poverty Fund Resources part of Recurrent Budget 	Ministry of Health	Central Government
Malawi	<ul style="list-style-type: none"> Options under consideration: <ol style="list-style-type: none"> Provide grant resources to the District AIDS Coordinating Committees (DACCs) and the Community AIDS Coordinating Committees (CACCs) to support the scaling-up of a community-based multisectoral approach; Provide grant resources to NGO network organizations; Provide a Conditional Grant for HIV/AIDS programs to District Assemblies as part of the decentralization; Modify the Malawi Social Action Fund (MASAF) to support the operational costs of scaling-up the HIV/AIDS response; Provide grant resources to strengthen the National AIDS Control Programme. 	To be determined	To be determined
Mozambique	<ul style="list-style-type: none"> Resources part of recurrent budget TBD 	Ministry of Health	Central Government
Uganda	<ul style="list-style-type: none"> HIPC resources are transferred to the Poverty Action Fund (PAF). PAF directly provides unconditional and conditional grants to the district and sub-district levels as part of decentralization In 2000, PAF provides a \$1,000,000 grant to UAC In 2000, the Uganda AIDS Commission is negotiating with MOF for the creation of conditional grant through PAF to District AIDS Task Forces as part of the national District Response Initiative 	Ministry of Finance	Decentralized Government NGOs
Tanzania	<ul style="list-style-type: none"> Resources part of recurrent budget 		Central Government
Zambia	<ul style="list-style-type: none"> Civil Society is proposing the formation of a Poverty Action Fund 	To be determined	To be determined

F. Establishing Accountability Schemes

There are no specific examples from country experience regarding accountability of HIV/AIDS funding. However, as more resources are being mobilized for debt relief, stakeholders are becoming increasingly concerned with ensuring that those resources are reaching the targeted end-user and being used for delivering agreed-upon interventions.

Routinely, governments are establishing independent anti-corruption units that function at the national level. These government-sponsored units are important for increasing awareness about corruption within the public sector, but as these units are relatively new institutions that receive limited financial support, expectations for widespread reduction in corruption should not be anticipated.

To address weaknesses in government anti-corruption efforts, many civil society groups are developing complementary accountability mechanisms. The Uganda Debt Network, an independent NGO, is establishing "Poverty Monitoring Teams" (PMTs) at the district level. The PMTs will monitor the use of PAF resources at the decentralized levels. Over the past two years, the PMTs have identified locally developed anti-corruption innovations. For example, the headmasters of primary schools are required to post their monthly budget publicly so that all parents are aware of what resources were allocated to the school. This intervention quickly abated corruption by headmasters who were previously misallocating debt relief resources.

Another example of a civil society mechanism is the Structural Adjustment Programme (SAP) Monitoring Initiative that is being implemented in Zambia. The Jesuit Centre for Theological Reflection sponsors a national network of SAP monitors that report on the grassroots impact of government and international economic policies. Plans are underway in Zambia to transform the SAP monitors into "Poverty Monitors" who proactively track the budgetary from the national budget to the decentralized implementers.

In addition to these civil society accountability mechanisms, Transparency International (TI) is active in more than 77 countries and in the international arena. TI National Chapters are at the heart of the global anti-corruption movement and they are actively designing national anti-corruption strategies. They do this through an impressive range of activities, lobbying their governments, informing the media and bringing together people concerned about corruption in their country. TI National Chapters are financially and institutionally independent but their actions are based on guiding principles of non-investigative work, and independence from government, commercial and partisan political

interests. Local stakeholders have the opportunity to work with TI National Chapters on accountability issues in the HIV/AIDS and OVC response.

G. *Building Local Capacity to Support the Mainstreaming of HIV/AIDS into Development Instruments*

Strategic mainstreaming of the HIV/AIDS and OVC crises into development instruments is a longterm process that requires continuous, high quality technical support. A strong partnership must be established and sustained between the National HIV/AIDS coordination body, the Ministry of Finance, and with civil society. Countries in the region are developing different approaches to building and sustaining local capacity to support the mainstreaming of HIV/AIDS.

One model includes placing an economist in the Ministry of Finance who is dedicated to HIV/AIDS issues. This person can also serve as an important liaison between the National AIDS Control Program, the Ministry of Finance, the Ministry of Health, the IMF, and the World Bank. The Uganda AIDS Commission recently appointed a health economist to carry out this function within the Ministry of Health.

Alternatively, countries such as Tanzania and Zambia are establishing links with academic institutions to strengthen the capacity of government and civil society to participate in the PRSP and HIPC negotiations. For example, Tanzania formed an HIV/AIDS Working Group, chaired by University faculty, to help design the PRSP. In Zambia, the National AIDS Secretariat was considering a grant to University of Zambia Department of Economics to provide continuous technical assistance on HIV/AIDS and OVC issues to national HIV/AIDS coordinating body.

No external stakeholders are currently supporting the development of a regional African-based institution to support country efforts to implement the mainstreaming activities defined in this paper. Strengthening the capacity of governments and civil society organizations to more fully participate is essential for continued progress.

III. Case Studies of Mainstreaming HIV/AIDS Models in Development Frameworks

Country experience during 1999/2000 indicate that each country, in line with the “country-owned” process for debt relief, will develop its own approach to mainstreaming HIV/AIDS in the national development frameworks. While recognizing the need for adaptation at the country-level, this section presents two case examples drawing from a synthesis of lessons learned in two epidemiologic contexts. These examples are based, on country experience: a high HIV prevalence model based on experience in Uganda; a low HIV prevalence model based on experience in Cameroon. Key differences in these case examples include the process of transferring funds and the types of interventions chosen for support.

A. High HIV Prevalence Country Model: Uganda

It is recommended and accepted in the Africa region that countries with high HIV prevalence need a multisectoral approach to support the delivery of prevention, care and support, and impact mitigation interventions. The full application of the mainstreaming priorities, as depicted in Chart 1 below, establishes a scaling-up implementation framework that mainstreams HIV/AIDS into the national development framework. The key features of this model (described below), which countries should consider replicating are:

1. Incorporating HIV/AIDS as a suprasectoral priority in the PRSP; and
2. Prioritizing a multisectoral HIV/AIDS Response as a recipient from the budgetary savings from debt relief and using MTEF to monitor expenditures; and
3. Establishing a resource transfer mechanism, such as the Poverty Action Fund (PAF), which channels resources to decentralized multisectoral implementers in the public and private sectors; and
4. Strong accountability mechanisms in government and civil society; and
5. Institutional linkages strengthened between central HIV/AIDS coordinating body and the Ministry of Finance.

By mainstreaming HIV/AIDS as a suprasectoral priority with the Uganda Poverty Eradication Action Plan (PEAP), all sectoral programmes must consider the development of sector-specific HIV/AIDS interventions, thus optimizing the implementation of a genuine multisectoral response. Prioritizing HIV/AIDS in the PEAP created the framework that led the Government of Uganda Ministry of Finance to incorporate HIV/AIDS into the Poverty Action Fund. In the Government of Uganda MTEF 2000-2002 budget, \$110 million USD has been allocated to support the scaling-up of the national AIDS response. Prior to this

development, the Government of Uganda provided no resources in the MTEF for these priorities.

To operationalize the mainstreaming of the National HIV/AIDS Strategic Framework into the Poverty Action Fund (PAF), the following implementation strategies are being implemented by the Government of Uganda:

1. Incorporating Multisectoral Responses: Modify the “General Guidelines for the Planning and Operations of Conditional Grants” of the Poverty Action Fund so that:

- a. The Primary Healthcare conditional grant and the NGO Primary Healthcare Conditional Grants require districts to fund the implementation of HIV/AIDS interventions through the health sector. The majority of health sector HIV/AIDS interventions are facility-based activities;
- b. The Primary Education Conditional Grant and the Primary Education Development Grant require districts to fund HIV/AIDS interventions through the education sector. The vast majority of education sector HIV/AIDS interventions are school-based activities;
- c. The Rural Roads Conditional Grant and the Agriculture Extension Conditional Grant require districts to fund appropriate HIV/AIDS interventions through the roads and agriculture sectors.

2. Utilize Decentralization Processes to Transfer Funds: Creation of the “HIV/AIDS District Response Initiative (DRI) Conditional Grant” under the Poverty Action Fund (PAF)

The HIV/AIDS DRI Conditional would be designed to achieve the following:

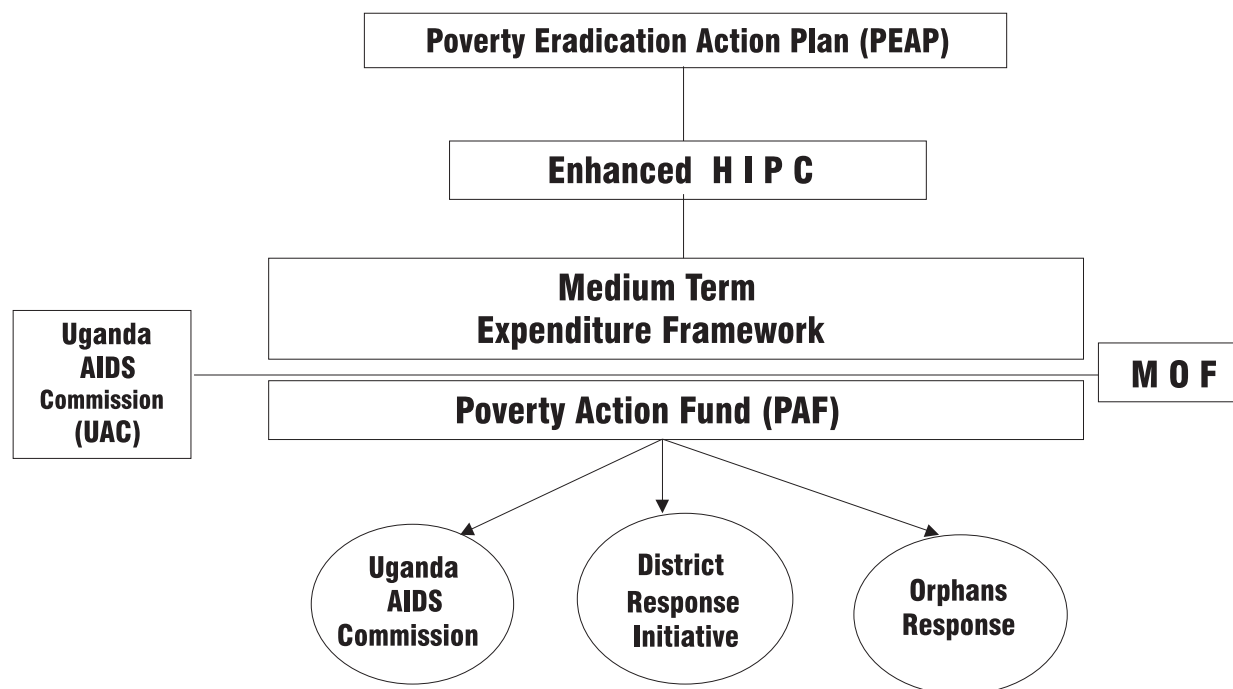
- a. Provide a limited amount of resources to the District Administration to support the effective functioning of the District AIDS Coordinating Committees (approximately 5% of resources);
- b. Provide resources to the key district-level sectoral activities that are not covered by the existing conditional grants (approximately 10% of resources);
- c. Provide resources to the sub-district (LC III) level to support the implementation of community-based interventions, to complement the facility-based interventions that will be delivered through the conditional grants in health, education, and agriculture, etc.

The District Response Initiative (DRI) is envisioned as a partnership effort supported by Government, NGOs, UN Agencies, and other key stakeholders, such as the USAID-CDC LIFE Initiative. The Government of Uganda PAF commitments will catalyze complementary investments by other partners.

3. Support High-Level Coordination: Provide PAF resources for the effective functioning of the Uganda AIDS Commission as a national coordinating body which is linked to the Office of the Presidency.

Mainstreaming HIV/AIDS into the Uganda development instruments facilitated the establishment of a comprehensive framework for scaling-up the HIV/AIDS response and OVC response. Based on strategic planning, priority setting, and appropriate institutional mechanisms, a significant increase in the level of resources was mobilized for HIV/AIDS response. A resource transfer mechanism is being established that optimizes the potential for resources to flow directly to decentralized implementers. A major factor which made this implementation model come to fruition was the high-level of political will from the Office of the Presidency to sustain Uganda's declining HIV prevalence and to expand impact mitigation efforts.

**Chart 1:
HIV/AIDS in Uganda's Development Instruments**



The Uganda model is also noteworthy because of the significant role that civil society plays in monitoring the use of the PAF funds and in actively designing effective civil society accountability mechanisms.

B. Low HIV Prevalence Country Model: Cameroon

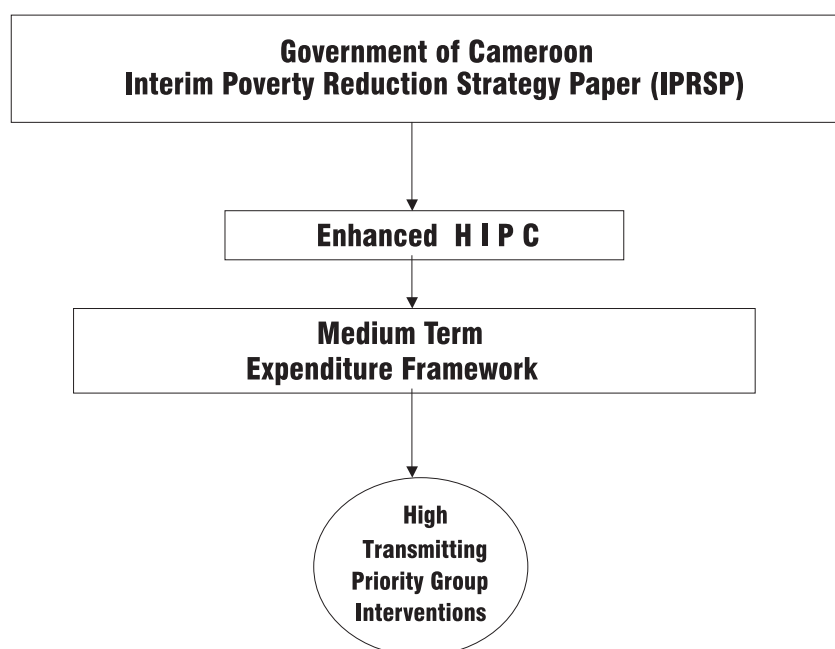
Based on country experience, countries with low prevalence should be prioritizing the scaling-up of prevention interventions in high-transmitting priority groups, which piloting and preparing for a multisectoral response in heavily affected areas of the countries. The application of the mainstreaming priorities in this type of country, as depicted in Chart 2 below, establishes a scaling-up implementation framework that focuses HIV/AIDS programs on a key strategy to rapidly reduce transmission to potentially prevent a generalized epidemic from occurring. The key features of this low prevalence model based on experience in Cameroon (described below), are :

1. Incorporating HIV/AIDS high-transmitting priority group interventions as a key priority in the PRSP; and
2. Specific performance targets drawn from National HIV/AIDS Strategic Plan and incorporated into PRSP and HIPC negotiations;
3. Prioritizing a HIV/AIDS as a recipient from the budgetary savings from debt relief and using MTEF to monitor expenditures; and
4. Institutional linkages strengthened between central HIV/AIDS coordinating body and the Ministry of Finance; and

The Government of Cameroon entered into HIPC negotiations with the World Bank and IMF during 2000. As Cameroon has a national prevalence of 7.73%, the magnitude and threat of HIV/AIDS was also identified as an urgent priority. The predominant focus of efforts will be for the Ministry of Health to scale-up interventions in high-transmitting priority groups. Targeted interventions of raising awareness, aggressively promoting behavior change, and increasing condom use identified risk groups (sex workers, truckers, port workers, and the military) was prioritized, as depicted in Chart 2.

Recognizing the likely impact of HIV/AIDS over the long term, the Government of Cameroon is piloting participatory community mobilization efforts in 6 districts and is initiating sectoral strategic planning in those Ministries that provide public services.

Chart 2:
HIV/AIDS in Cameroon's Development Instruments



IV. Summary and Recommendations

The potential use of a proportion of the possible budgetary savings from HIPC debt relief is an important opportunity to increase local investment and demonstrate political leadership essential for the HIV/AIDS response in Africa.

The following recommendations are designed to give country, regional, and global stakeholders concrete suggestions for supporting the full implementation of mainstreaming HIV/AIDS activities over the next two years.

A. HIV/AIDS Content in Development Instruments

1. Linkage with National AIDS Strategic Plans: The HIV/AIDS content within the PRSPs and HIPC documents should be exclusively based on the National Strategic Plans that are under development
2. Stakeholder Involvement: Stakeholders in government and civil society select from the National Strategic Plan a limited set of well-developed programmatic priorities that should be implemented using the possible budgetary savings from debt relief, to

increase the likelihood of capturing these resources for HIV/AIDS programmatic implementation;

3. **Coordination with Other Financial Inputs:** The budgetary savings from debt relief should be designed to balance and complement other financial inputs into the national HIV/AIDS response. For example, the debt relief resource could fund the recurrent costs (salaries, transport, local expenses) of scaling-up programs, thus complementing investments in technical assistance and commodities that are more readily provided from other partners;
4. **Mitigation and Prevention Issues:** The issues related to mitigating the effects of HIV, such as orphans and vulnerable children's (OVC) should be considered with prevention and care interventions when appropriate in relevant development instruments (PRSP, HIPC, etc.) and programs in heavily affected HIV/AIDS countries;
5. The World Bank and IMF should consider the assessment of HIV/AIDS issues in determining priorities for PRSP and HIPC negotiations in sub-Saharan Africa;

B. Mainstreaming HIV/AIDS in High Prevalence Countries

High HIV prevalence countries should consider using the possible budgetary savings from debt relief to scale-up the decentralized implementation of a multisectoral response. The key features of mainstreaming in high prevalence countries that should be considered are:

1. Incorporating HIV/AIDS as a suprasectoral priority in the PRSP;
2. Prioritizing a multisectoral HIV/AIDS Response as a recipient from the possible budgetary savings from debt relief and using MTEF to monitor expenditures;
3. Establishing a resource transfer mechanism, such as the Poverty Action Fund (PAF), which channels resources to decentralized multisectoral implementers in the public and private sectors;
4. Establishing strong accountability mechanisms in government and civil society;
5. Strengthening institutional linkages between central HIV/AIDS coordinating body and the Ministry of Finance

C. Mainstreaming HIV/AIDS in Low Prevalence Countries

Low HIV prevalence countries should be prioritizing scaling-up prevention interventions in high-transmitting priority groups and in high transmission geographic areas, while piloting and preparing for a multisectoral response in heavily affected areas of the countries. The key features of mainstreaming HIV/AIDS in low prevalence countries are:

1. Incorporating HIV/AIDS interventions for high-transmitting priority groups and geographic areas as a key priority in the PRSP; and
2. Incorporating specific performance targets drawn from National HIV/AIDS Strategic Plan and used in PRSP and HIPC negotiations;
3. Adding when appropriate HIV/AIDS as a recipient from possible budgetary savings from debt relief and using MTEF to monitor expenditures; and
4. Strengthening institutional linkages between central HIV/AIDS coordinating body and the Ministry of Finance; and

D. Resource Transfer Mechanisms

1. Monitoring Multisectoral Responses: The MTEF of Africa countries affected by HIV/AIDS should be structured to allow for the explicit monitoring of multisectoral HIV/AIDS response through establishment of specific line items.
2. Use of Decentralized Mechanisms: Resource Transfer mechanisms should be established that can ensure use by decentralized implementers in the public and private sectors, with a particular focus on service organization NGOs;
3. Establishment of Specific Funds: Countries should strongly consider creating Poverty Reduction Action Fund (PRAFs) as they improve the ability of all partners to ensure that resources reach and are used appropriately by decentralized implementers.

E. Accountability for Results

1. Performance indicators, whenever possible, should be drawn from the National HIV/AIDS Strategic Framework. These indicators are generally linked to the UNAIDS indicator guidelines for National Programs and can be used as part of PRSPs and HIPC negotiations
2. Performance indicators should reinforce priorities that are locally agreed upon by all key stakeholders;

F. Accountability of Resources

1. Stakeholders should support locally-developed and controlled Civil society accountability mechanisms, such as Poverty Monitoring Teams, and complement government-sponsored anti-corruption units;
2. As possible debt relief resources are mobilized for HIV/AIDS programs, stakeholders must closely ensure that these remain as supplementary, rather than displacing, resource commitments made by governments and donor agencies;

3. Stakeholders should ensure that public expenditure reviews that explicitly monitor HIV/AIDS expenditures are conducted pre- and post-HIPC implementation to measure definitively if possible debt relief resources are being utilized to increase the HIV/AIDS response;

G. *Enhancing Partnerships to Scale-up*

1. Partnerships are necessary and will require long-term planning: Early, continuous, and aggressive involvement of the National AIDS Control Programs and civil society with the Ministry of Finance, the World Bank, and the IMF is required to ensure that HIV/AIDS is adequately addressed in the Poverty Reduction Strategy Papers and the debt relief negotiations;
2. Technical Support and input may be needed: Strategic mainstreaming of HIV/AIDS issues into the appropriate development instruments is a longterm process that requires continuous, high quality technical input;
3. Linkages across key partners in HIV initiatives are critical: Mainstreaming HIV/AIDS into the development instruments requires the full participation and support of all stakeholders in the International Partnership Against AIDS in Africa. Partners should identify specific roles and responsibilities to ensure that mainstreaming of HIV/AIDS is prioritized and is comprehensive;
4. Building Local Capacity and Using Regional Centers as Key Partners is needed: Partners should consider identifying and establishing regional centers of excellence that can provide high quality technical assistance to countries to support the mainstreaming of HIV/AIDS Response into development instruments, improve strategic planning, budgeting, and evaluation is an urgent priority.

H. *Using Different Financing and Debt Relief Opportunities Resources for HIV/AIDS Response*

1. Potential debt relief resources for expanding the HIV/AIDS response can also be considered as bilateral debt relief mechanisms are negotiated as part of the Enhanced HIPC Initiative;
2. Given the magnitude and spread of the HIV pandemic in countries under Expanded HIPC Initiative and outside of the HIPC Initiative in Africa, it is clear that a more aggressive and balanced financing agenda for HIV which utilizes opportunities in possibilities of debt relief, loans, and granting schemes needs to be considered to reverse the tide of the epidemic.

References

- Apuuli DK. Debt-for-AIDS: Uganda's Experience. Satellite Meeting on the International Partnership Against AIDS in Africa (IPAA). XIIIth International AIDS Conference. Durban, 2000.
- Hope KR and Chikulo BC (eds). Corruption and Development in Africa: Lessons from Country Case-Studies. St Martin's Press. 2000.
- Government of Benin. Interim Poverty Reduction Strategy Paper. June 26, 2000.
- Government of Kenya. Interim Poverty Reduction Strategy Paper, 2000-2003. Undated.
- Government of Malawi. Final Communique on the Resource Mobilization Round Table Conference on HIV/AIDS. 24-25 March 2000.
- Government of Mali. Interim Poverty Reduction Strategy Paper. July 19, 2000.
- Government of Mozambique. Interim Poverty Reduction Strategy Paper. February 2000.
- Government of Uganda. Poverty Action Fund Financial Statement. Presented at the Poverty Action Fund Quarterly Meeting, 20 March 2000.
- Government of Uganda. Poverty Eradication Action Plan. June 2000.
- Hunter SH. Reshaping Societies HIV/AIDS and Social Change: A Resource Book for Planning, Programs, and Policy Making. Hudson Run Press, New York. 2000.
- IMF and IDA. Cameroon, Preliminary Document on the Enhanced Initiative for Heavily Indebted Poor Countries. May 23, 2000.
- IMF and IDA. Guinea, Preliminary Document on the Enhanced Initiative for Heavily Indebted Poor Countries. December 10, 1999.
- IMF and IDA. Malawi, Preliminary Document on the Enhanced Initiative for Heavily Indebted Poor Countries. July 19, 2000.
- IMF and IDA. Mauritania Decision Point Document under the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative. January 14, 2000.

IMF and IDA. Mozambique Decision Point Document under the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative. March 29, 2000.

IMF and IDA. Rwanda, Preliminary Document on the Enhanced Initiative for Heavily Indebted Poor Countries. July 18, 2000.

IMF and IDA. Tanzania, Preliminary Document on the Enhanced Initiative for Heavily Indebted Poor Countries. August 27, 1999.

IMF and IDA. Tanzania, Decision Point Document on the Enhanced Initiative for Heavily Indebted Poor Countries. March 20, 2000.

IMF and IDA. Uganda, Second Decision Point Document, Initiative for Heavily Indebted Poor Countries. January 24, 2000.

IMF and IDA. Uganda, Second Completion Point Document, Initiative for Heavily Indebted Poor Countries. April 4, 2000.

IMF and IDA. Zambia, Preliminary Document on the Enhanced Initiative for Heavily Indebted Poor Countries. July 20, 2000.

Jesuit Centre for Theological Reflection Debt Project. Zambia Debt Mechanism, proposal. 10 February 2000.

Malewezi J. The Malawi Response to the HIV/AIDS Crisis: a Security and Development Challenge. 4 April 2000.

MAP. The Status and Trends of the HIV/AIDS Epidemics in the World, 5-7 July 2000, Durban, South Africa.

Medact and the World Development Movement. Briefing on Debt and AIDS: Deadly conditions? Examining the relationship between debt relief policies and HIV/AIDS. September 1999.

Ministry of Economy and Finance. Burkina Faso, Poverty Reduction Strategy Paper. May 25, 2000.

Ministry of Finance. Republic of Ghana Interim Poverty Reduction Strategy Paper, 2000-2002. June 2000.

Nigeria National Action Committee on AIDS (NACA). Mainstreaming HIV/AIDS into Nigeria's Development Instruments and Mobilizing Additional Resources for Scaling-up the Response to HIV/AIDS. 12 June 2000 (draft).

Oxfam. Heavily Indebted Poor Countries (HIPC) Initiative leaves poor countries heavily in debt. 18 September 2000.

Piot P. UNAIDS Secretariat Support to Poverty Reduction Strategies and Debt Relief in Africa. Correspondence to Theme Group Chairs, 22 February 2000.

Republic of Senegal. Interim Strategy Paper. May 8, 2000.

Republic of Tanzania. Poverty Reduction Strategy Paper. September 2000.

Republic of Zambia. Interim Poverty Reduction Strategy Paper. 7 July 2000.

Siamwiza R, Zeitz PS. An Agenda for Establishing Strategic Partnerships and Networks to Implement Debt-for-HIV/AIDS Response activities in Sub-Saharan Africa. Poster Presentation. XIIIth International AIDS Conference, Durban, 2000.

Sichone M, Lintini G, Ofosu-Barko K, McDermott P, Zeitz PS. Scaling-up the HIV/AIDS response in Zambia through a multidonor debt-for-development arrangement. XIIIth International AIDS Conference, Durban, 2000.

Stanecki KA. The AIDS Pandemic in the 21st Century: The Demographic Impact in Development Countries. Presented at XIIIth International AIDS Conference, Durban, South Africa.

Uganda AIDS Commission. Scaling-up the Uganda HIV/AIDS and Orphans Response to Accelerate Poverty Reduction 2000/1-2005/6. 21 March 2000.

Uganda AIDS Commission. Summary of Recommendations for Mainstreaming the HIV/AIDS Response into the Poverty Eradication Action Plan (PEAP) and the Poverty Action Fund (PAF), May 2000.

United Republic of Tanzania. Interim Poverty Reduction Strategy Paper. Undated.

United States General Accounting Office. Debt Relief Initiative for Poor Countries Faces Challenges. GAO/NSIAD-00-161. June 2000.

UNAIDS. Debt-for-AIDS Activity Concept Paper. 2 March 2000 (draft).

UNAIDS. The International Partnership Against AIDS in Africa. A Framework for Action. May 2000.

UNAIDS. Poverty, Debt, and AIDS - Mainstreaming the Epidemic and Mobilizing Additional Resources for the Response. 12 April 2000 (draft).

UNAIDS. Report on the Global HIV/AIDS Epidemic. June 2000.

The World Bank and IMF. A New Approach to Country-Owned Poverty Reduction Strategies. January 2000.

The World Bank. Intensifying Action Against AIDS, Responding to a Development Crisis. Report to the Development Committee. Spring 2000.

The World Bank. World Development Report 2000/2001: Attacking Poverty. 2001.

Zeitz PS. Debt-for-AIDS: Opportunities for Expanded Responses to the Epidemic in Africa. Oral Presentation. XIIIth International AIDS Conference, Durban, 2000.

Zeitz PS, Rosen S, Simon J. Implementing Debt Relief to Accelerate the HIV/AIDS Response in sub-Saharan Africa. HIV/AIDS in the Commonwealth 2000/01. Kensington Publication, 2000. P 55-59.

Zeitz PS. Note for Record Visit to Malawi, 14-16 June 2000.

Zeitz PS, Hecht R. UNAIDS Activity: Debt-for-AIDS. Poster Presentation, XIIIth International AIDS Conference, Durban, 2000.

Annex: Country Profiles: Poverty-Debt-AIDS Agenda

CAMEROON

Poverty-Debt-AIDS Agenda	Progress Achieved at the Country Level 1999/2000
PRSP	Interim PRSP includes a brief section on HIV/AIDS
HIPC Policy Matrix	<ul style="list-style-type: none"> • HIPC Preliminary Document: Before 2003 the government will support intensified and expanded activities to prevent the spread of HIV, with education to promote the use of condoms by truck drivers, port workers and soldiers to 50 percent and by commercial sex workers to 70 percent • Decision Point Document, October 2000: Concrete progress in order to prioritize the fight against HIV/AIDS in the government's overall development agenda
Bilateral Debt Relief Mechanism	None
Medium Term Expenditure Framework (MTEF)	No separate line-item for HIV/AIDS; HIV/AIDS included as part of health budget
HIV/AIDS Priorities Funded Using of the Budgetary Savings from Debt Relief	High Transmitting Priority Groups Intervention
Resource Transfer Mechanism	FY 2000: \$1.4 million USD as supplementary investment in High Transmitting Priority Group Intervention as part of MOH budget. Poverty Action Fund is being considered as part of negotiations with World Bank
Accountability Mechanisms	No civil society accountability mechanisms
Link between PRSP and the National Strategic Plans	PRSP and HIPC documents explicitly refer to the National HIV/AIDS Strategic Framework. HIPC priority and indicators are drawn directly from the National HIV/AIDS Strategic Framework
Involvement of Civil Society Organizations	Consultation with NGO coordinating mechanism; limited in-depth participation; Limited involvement of AIDS service organizations

MALAWI

Poverty-Debt-AIDS Agenda	Progress Achieved at the Country Level 1999/2000
PRSP	Interim PRSP integrates the HIV/AIDS and Orphan's response as a key priority linked to poverty reduction
HIPC Policy Matrix	HIPC Preliminary Document identifies AIDS as a key social policy: "Implement behavior change interventions to slow the growth of the HIV infection. Undertake information, education, and communication (IEC) interventions focusing on abstinence, partner limitation and condom use. Improve the quality of care of AIDS patients. Provide improved care for AIDS orphans." HIPC Decision Document is likely to have five HIV/AIDS actions as part of the floating completion point conditions, related to blood screening kits availability, behavior change communications, condom access, STI treatment, and strengthening of the National AIDS Secretariat
Bilateral Debt Relief Mechanism	The Government of Japan (GoJ) has informed the Government of Malawi that up to 50% of the Grant Relief Mechanism should be used for HIV/AIDS. The GoJ estimates that up to \$6 million USD could be available during July 2000-March 2001
Medium Term Expenditure Framework (MTEF)	No separate line-item for HIV/AIDS; No separate line-item for Orphans Response
HIV/AIDS Priorities Funded Using of the Budgetary Savings from Debt Relief	To be determined
Resource Transfer Mechanism	FY 2001: To be determined
Accountability Mechanisms	No civil society accountability mechanism is being implemented or planned
Link between PRSP and National Strategic Plans	PRSP and HIPC documents explicitly refer to the priorities identified in the National HIV/AIDS Strategic Framework
Involvement of Civil Society Organizations	Limited consultations with civil society; limited in-depth participation; Limited involvement of AIDS service organizations

MOZAMBIQUE

Poverty-Debt-AIDS Agenda	Progress Achieved at the Country Level 1999/2000
PRSP	<ul style="list-style-type: none"> • Interim PRSP--February 2000--identified specific HIV/AIDS related objectives and sub-objectives: (all planned, and yet to be achieved for the time period of 2000 – 2002) 1. Expand coverage of more vulnerable groups: ensure peer education for 1,250,000 vulnerable people; 2. Conduct IEC Campaigns on STD/HIV/AIDS, including plays for 3,900,000 people; 3. Make more condoms available; 4. Establish 6 offices for counseling and voluntary and confidential testing; 5. Provide psycho-medical-social support in all health centres in district capitals in Centre, North and South corridors; 6. Ensure access to VCT for 32,000 people living with HIV 7. Guarantee distribution of 4,500,000 condoms for people living with HIV; 8. Guarantee access to credit for income generating activities for 13,500 people a year
HIPC Policy Matrix	Implementation of the National Multisectoral Strategic Plan on HIV/AIDS identified as a key policy measure
Bilateral Debt Relief Mech	None
MTEF	No separate line-item for HIV/AIDS; No separate line-item for Orphans Response
HIV/AIDS Priorities Funded from Debt Relief	<p>HIPC Decision Point document refers to the following additions to the 2000 budget:</p> <ul style="list-style-type: none"> • Expanding the provision of basic medicines to government clinics and funding the National Strategy to Fight STDs/HIV/AIDS
Resource Transfer Mech	Budgetary Savings from Debt relief are being transferred through recurrent government budgets
Accountability Mechanisms	
Link between PRSP and National Strategic Plans	PRSP and HIPC documents explicitly refer to the priorities identified in the National HIV/AIDS Strategic Framework
Involvement of Civil Society Organizations	Grupo de Divida (E-mail: divida@zebra.uem.mz) (The Debt Group)

TANZANIA

Poverty-Debt-AIDS Agenda	Progress Achieved at the Country Level 1999/2000
PRSP	<ul style="list-style-type: none"> • Interim PRSP identified HIV/AIDS as part of health sector priorities: "The Government plans to implement national awareness campaigns covering at least 75 percent of all districts in the country. The campaigns will be spearheaded by the National Advisory Committee on HIV/AIDS, working hand in hand with the National AIDS Control Program." • PRSP/September 2000: Special efforts will be made to raise the share of districts with active HIV/AIDS awareness campaigns to 75 percent by 2003
HIPC Policy Matrix	HIPC Preliminary Document states, " In addressing major causes of morbidity and mortality in Tanzania the government plans to...undertake measures to raise public awareness of the HIV/AIDS epidemic as a national development issue and strengthen the political commitment to fighting it"
Bilateral Debt Relief Mechanism	None
Medium Term Expenditure Framework (MTEF)	No separate line-item for HIV/AIDS; No separate line-item for Orphans Response
HIV/AIDS Priorities Funded Using of the Budgetary Savings from Debt Relief	To be determined
Resource Transfer Mechanism	FY 2001: To be determined
Accountability Mechanisms	
Link between PRSP and the National Orphans' Response Strategic Plans	PRSP and HIPC documents do not explicitly refer to the priorities identified in the National HIV/AIDS Strategic Framework
Involvement of Civil Society Organizations	

UGANDA

Poverty-Debt-AIDS Agenda	Progress Achieved at the Country Level 1999/2000
PRSP	<p>January 2000: Draft Poverty Eradication Action Plan (PEAP) with no HIV/AIDS.</p> <p>March 2000: Draft PEAP with HIV/AIDS as a priority under the health section of PEAP Goal: Improving Quality of Life.</p> <p>May 2000: Final PEAP with HIV/AIDS and Orphans Crisis as a suprasectoral priority; HIV/AIDS integrated into each PEAP goal. The expected outcomes of mainstreaming HIV/AIDS response in the PEAP are:</p> <ol style="list-style-type: none"> 1. To reduce HIV prevalence by 25% by the Year 2005/6; 2. To mitigate the health and socio-economic effects of HIV/AIDS at the individual, household and community levels
HIPC Policy Matrix	Enhanced HIPC with no specific HIV/AIDS conditionalities
Bilateral Debt Relief Mechanism	None
MTEF	MTEF for 2000-2002 includes \$110 million USD
HIV/AIDS Priorities Funded Using of the Budgetary Savings from Debt Relief	<p>-Strengthening the Uganda AIDS Commission (UAC);</p> <p>-Scaling-up the District Response Initiative (DRI); the DRI is envisioned to be designed and implemented in partnership with the USG "LIFE Initiative;"</p> <p>-Designing and implementing an Orphans Response Strategic Plan</p>
Resource Transfer Mechanism	<p>2000: The Uganda Poverty Action Fund (PAF) provides a \$1,000,000 grant to UAC</p> <p>2000: UAC negotiating with MOF for the creation of conditional grant through PAF to support the national District Response Initiative</p>
Accountability Mechanisms	-Uganda Debt Network is establishing civil society "Poverty Monitors" in each district
Link between PRSP and the National Orphans' Response Strategic Plans	PRSP explicitly refers to the National HIV/AIDS Strategic Framework. PRSP indicators are drawn directly from the National HIV/AIDS Strategic Framework
Involvement of Civil Society Organizations	<p>Significant involvement of civil society;</p> <p>Limited involvement of AIDS service organizations</p>

ZAMBIA

Poverty-Debt-AIDS Agenda	Progress Achieved at the Country Level 1999/2000
PRSP	Interim PRSP includes a brief mention of HIV/AIDS in the background section. The Orphans and Vulnerable Children's Crisis not mentioned. No policy objectives defined in HIV/AIDS
HIPC Policy Matrix	HIPC Preliminary Document includes possible reforms and indicators for reaching a floating completion point on HIV/AIDS: "Adoption and implementation of a strategic framework for AIDS/HIV"
Bilateral Debt Relief Mechanism	Government of Japan Debt Relief Grant Mechanism is providing resources to the National HIV/AIDS Secretariat for priorities identified in the National Strategic Framework
Medium Term Expenditure Framework (MTEF)	No separate line-item for HIV/AIDS; HIV/AIDS included as part of health budget
HIV/AIDS Priorities Funded Using of the Budgetary Savings from Debt Relief	To be determined
Resource Transfer Mechanism	FY 2000: To be determined Civil society representatives are proposing the formation of a Poverty Action Fund
Accountability Mechanisms	Civil society representatives are considering establishing poverty reduction monitoring groups throughout the country
Link between PRSP and the National Orphans' Response Strategic Plans	PRSP and HIPC documents do not explicitly refer to the priorities identified in the National HIV/AIDS Strategic Framework
Involvement of Civil Society Organizations	Limited consultations with civil society; limited in-depth participation; Limited involvement of AIDS service organizations



U.S. Agency for International Development

1300 Pennsylvania Avenue, NW
Washington, DC 20523-1817
www.usaid.gov